

Complete Summary

GUIDELINE TITLE

Providing care for immigrant, homeless, and migrant children.

BIBLIOGRAPHIC SOURCE(S)

DuPlessis HM, Cora-Bramble D. Providing care for immigrant, homeless, and migrant children. Pediatrics 2005 Apr; 115(4): 1095-100. [27 references] [PubMed](#)

GUIDELINE STATUS

This is the current release of the guideline.

All policy statements from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

COMPLETE SUMMARY CONTENT

SCOPE
METHODOLOGY - including Rating Scheme and Cost Analysis
RECOMMENDATIONS
EVIDENCE SUPPORTING THE RECOMMENDATIONS
BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS
IMPLEMENTATION OF THE GUIDELINE
INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT
CATEGORIES
IDENTIFYING INFORMATION AND AVAILABILITY
DISCLAIMER

SCOPE

DISEASE/CONDITION(S)

Pediatric diseases or conditions that occur in immigrant, homeless, and migrant children

GUIDELINE CATEGORY

Management
Prevention
Screening

CLINICAL SPECIALTY

Pediatrics

INTENDED USERS

Physicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

To provide guidelines for a community-based approach to health care delivery to ensure that underserved children have a medical home

TARGET POPULATION

Pediatric immigrant, homeless, and migrant patients from birth to 18 years of age

INTERVENTIONS AND PRACTICES CONSIDERED

Screening

1. Use of screening and diagnostic protocols for foreign born children
2. Screening for developmental delays
3. Psychoeducational testing

Management/Prevention

1. Assessment of barriers to treatment
2. Immunization
3. Parental and patient education
4. Assessment of additional/complimentary medication
5. Special education services referral
6. Referral to federal, state, and community programs
7. Advocacy on patient behalf
8. Referral to dental services

MAJOR OUTCOMES CONSIDERED

Incidence of health problems in immigrant, homeless, and migrant children

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

1. Pediatricians should be aware of and sensitive to the onerous financial, educational, geographic, linguistic, and cultural barriers that interfere with achieving optimal health status for underserved children.

2. Pediatricians should be knowledgeable of the special mental and physical health problems faced by homeless, migrant, and immigrant children. Appropriate screening to identify family, environmental, and social circumstances, as well as biological factors, should be incorporated into routine pediatric assessments.
3. Pediatricians should try to provide compassionate and culturally and linguistically effective health care ("Culturally effective pediatric care," 1999) services to all children and adolescents residing in the United States regardless of their immigration or socioeconomic status. They should inquire respectfully about housing circumstances, traditional healing practices, and medication use while obtaining a patient's medical history.
4. Pediatricians should have access to information regarding federal, state, and community programs that can serve as resources to at-risk children and their families.
5. Pediatricians and American Academy of Pediatrics (AAP) chapters should advocate on behalf of underserved children at local, state, and national levels. Advocacy efforts should address outreach efforts for children who are potentially eligible for Medicaid and State Children's Health Insurance Program (SCHIP) but not enrolled, simplified enrollment for both programs, and state funding for those who are not eligible for Medicaid or SCHIP. The Medicaid reciprocity model, which allows Medicaid recipients in 1 state to qualify for services in another state without reestablishing eligibility, is an example of a model that enables underserved families to access health benefits more easily.
6. Collaborations with legislators, families, and organizations representing underserved populations may increase the effectiveness of advocacy efforts.
7. Comprehensive, coordinated, and continuous health services provided within a medical home should be integral to all efforts on behalf of homeless, migrant, and immigrant children; this is especially critical for children with chronic health care needs and mental health problems.
8. Knowledge, attitude, and skill development in cultural and linguistic competence should be a part of every pediatrician's professional agenda.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

[References open in a new window](#)

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate care of immigrant, homeless, and migrant children pediatric patients

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

DuPlessis HM, Cora-Bramble D. Providing care for immigrant, homeless, and migrant children. Pediatrics 2005 Apr; 115(4): 1095-100. [27 references] [PubMed](#)

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2005 Apr

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics

GUIDELINE COMMITTEE

Committee on Community Health Services

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Committee on Community Health Services, 2003-2004: *Helen Marie DuPlessis, MD, MPH, Chairperson; Suzanne C. Boulter, MD; *Denice Cora-Bramble, MD, MBA; Charles R. Feild, MD, MPH; Gilbert A. Handal, MD; Murray L. Katcher, MD, PhD; Ronald V. Marino, DO, MPH; Francis E. Rushton, Jr, MD; Denia A. Varrasso, MD; David L. Wood, MD, MPH

Liaisons: Jose Belardo, MSW, MS, Maternal and Child Health Bureau; Lance E. Rodewald, MD, Ambulatory Pediatric Association

Staff: Aiysha Johnson, MA

*Lead authors

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

All policy statements from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

GUIDELINE AVAILABILITY

Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Policy Web site](#).

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on May 17, 2005. The information was verified by the guideline developer on June 27, 2005.

COPYRIGHT STATEMENT

This NGC summary is based on the original guideline, which is subject to the guideline developer's copyright restrictions. Please contact the Permissions Editor, American Academy of Pediatrics (AAP), 141 Northwest Point Blvd, Elk Grove Village, IL 60007.

DISCLAIMER

NGC DISCLAIMER

The National Guideline Clearinghouse™ (NGC) does not develop, produce, approve, or endorse the guidelines represented on this site.

All guidelines summarized by NGC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public or private organizations, other government agencies, health care organizations or plans, and similar entities.

Guidelines represented on the NGC Web site are submitted by guideline developers, and are screened solely to determine that they meet the NGC Inclusion Criteria which may be found at <http://www.guideline.gov/about/inclusion.aspx>.

NGC, AHRQ, and its contractor ECRI make no warranties concerning the content or clinical efficacy or effectiveness of the clinical practice guidelines and related materials represented on this site. Moreover, the views and opinions of developers or authors of guidelines represented on this site do not necessarily state or reflect those of NGC, AHRQ, or its contractor ECRI, and inclusion or hosting of guidelines in NGC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding guideline content are directed to contact the guideline developer.

© 1998-2006 National Guideline Clearinghouse

Date Modified: 9/25/2006

